

THE FREE WILL BAPTISTS MINISTER'S PROGRAM

INVESTMENT OPTION ALLOCATION

CHECK ONE SPACE: ___New Enrollment ___Change/Confirmation

Effective Date: _____

Name_____	Soc. Sec. No. _____
Address_____	
City_____	State ___ Zip _____
Date of Birth_____	
Beneficiary Name_____	Soc. Sec. No. _____
Address_____	
City_____	State ___ Zip _____
Date of Birth_____	

INVESTMENT DIRECTIONS FOR MY INDIVIDUAL ACCOUNT

Invest future and current Account Balances as follows
(in 20% increments; must equal 100%):

Balanced Fund	_____ %
Stable Value Fund	_____ %
Fixed Fund	_____ % (New Option)

Authorization

If you are moving funds from the Stable Value Fund to the Fixed Fund & have spoken to a Culpepper-Jones Investment Advisor, please initial. _____

I authorize the Free Will Baptist Minister's Program to invest my contributions as indicated

Date_____ Signature_____

RECEIPT OF FORM BY FWB MINISTER'S PROGRAM

Received on this date _____ by FWB Minister's Program